



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Douglas Nursing and Retirement Home
Name of provider:	Golden Nursing Homes Limited
Address of centre:	Moneygourney, Douglas, Cork
Type of inspection:	Unannounced
Date of inspection:	01 September 2022
Centre ID:	OSV-0000223
Fieldwork ID:	MON-0037014

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Douglas Nursing and Retirement Home is a family run designated centre and is located within the suburban setting of Douglas, Cork city. It is registered to accommodate a maximum of 58 residents. It is a single storey building set out in six wings: Maple (12 beds), Oak (nine beds), Willow (13 beds), Ash (six beds) and Elm (five beds), and Beech (13 beds). Bedroom accommodation comprises 50 single bedrooms with en-suite facilities of shower, toilet and hand-wash basin, and eight single rooms with wash-hand basins. Additional bath, shower and toilet facilities are available throughout the centre. Communal areas comprise the Rose room - main day room, conservatory lounge, garden activities room, conservatory smoking room, green quiet room, library and large dining room. There are occasional seating areas located along wide corridors with access and views of the gardens and walkways for residents to relax. Residents have access to three well-maintained gardens with walkways, garden furniture and shrubbery. Douglas Nursing and Retirement Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	55
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 1 September 2022	09:00hrs to 17:25hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents and staff, it was evident that residents were supported to have a good quality of life in this centre, where their rights were promoted and respected. The inspector met with many of the 55 residents living in the centre and spoke with six residents in more detail to gain an insight into their lived experience. The inspector also spoke with a number of visitors who were in visiting their relatives during the inspection. Residents and relatives were very complimentary about the service and the care provided.

This was an unannounced inspection to monitor compliance with the regulations and inform decision making for renewal of registration. On arrival, the inspector was guided through the centre's infection control procedures by the centre's receptionist who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. An opening meeting was held with the person in charge who then accompanied the inspector on a walk around of the centre. During the walkaround, it was evident that the person in charge was very knowledgeable regarding residents' care needs and that residents knew her well as they chatted with her about their night and plans for the day. The centre was a hive of activity with some residents relaxing in various day rooms and others getting up and ready for the day. The inspector heard staff greet residents in a respectful and friendly manner when entering rooms to provide personal care in the morning.

Douglas Nursing and Retirement Home is a purpose built single storey building located on the outskirts of Douglas in Cork city. It is registered to accommodate 58 residents in single rooms, 50 of which have ensuite shower, hand wash basin and toilet facilities and eight rooms with hand wash basins that were in close proximity to toilet, shower and bathroom facilities. The inspector saw that all rooms were spacious with double wardrobes and storage spaces for residents clothing and belongings. Bedrooms were very personalised in line with residents' preferences and decorated with family photographs, paintings, personal memorabilia and in some rooms, soft furnishings to their liking. A resident told the inspector that it was like "home from home." During the walk around the inspector saw that staff had easy access to hand hygiene dispensers and there were units for storing personal protective equipment throughout the centre.

The centre was seen to be homely, well decorated and clean throughout. The reception area was bright and welcoming with flowers, plants and a traditional post office box on display. Corridors were bright and airy with paintings giving the centre a homely feel. There were plenty communal rooms and spaces for residents to enjoy such as the library room, the green room, activities room or garden room, the rose dayroom with connecting conservatory and large bright spacious dining room. The centre also had a designated smoking room for residents who smoked. The library room was well stocked with books and one of the residents ensured that they were kept in an orderly fashion. The communal spaces had plenty comfortable seating

and homely furniture for residents to enjoy. As well as the communal rooms, there were a number of seating areas with tables and indoor plants overlooking the gardens where residents could also sit and rest in private. The centre also had a hairdressing room where the hairdresser was available to residents once a week. All the outdoor spaces were easily accessible to residents. The centres grounds and courtyards were well maintained with raised beds, mature flowering plants and well kept pathways. The inspector saw residents with their families and friends sitting out in the sunshine, enjoying the outdoor spaces during the day.

The inspector observed the lunch time meal and saw that it was a sociable dining experience with the majority of residents choosing to eat in the dining room. Tables were decorated with linen table cloths, condiments and flowers. Menus were displayed and residents who spoke with the inspector knew what choices were available to them. Residents were seen chatting together enjoying their meal. One resident told the inspector that "you will always meet someone to chat to in the dining room." Residents who required assistance were offered it in a discreet manner by staff. The lunch time meal appeared appetising and wholesome and residents were very complementary of the standard of food available.

Inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents told inspectors that they were listened to and that staff were kind to them. The inspector saw staff sit and chat with residents any time they could during the day.

Feedback from relatives and residents was very positive and all were happy with the care staff provided. A resident told the inspector that staff were "top class." The inspector saw that a number of relatives had taken the time to write to the staff to thank them for the care provided to their relative. Resident's views were elicited via the residents' committee and via surveys. The residents committee was held by an external facilitator and there was evidence that appropriate actions were taken following suggestions made by residents, by the person in charge.

There was a varied schedule of activities available for residents to enjoy in the centre, that were facilitated by the centre's activity coordinator, external musicians and facilitators. The schedule of activities was displayed on electronic screens in the corridors in the centre. The schedule included exercise classes, bingo, flower arranging, walk down memory lane and massage therapy. On the morning of the inspection, residents were busy with a flower arranging class and flower arrangements created by the residents were displayed on the dining room tables for lunch. This was followed by a lively quiz in the day room which seemed like great fun. In the afternoon, residents enjoyed a musician and singer and a lively sing song ensued attended by residents and staff alike. The inspector saw that residents could choose to participate in activities with some residents preferring to sit and read newspapers or books and listen to the radio or watch TV. Mass was held in the centre on the first Friday of every month.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of

the service being delivered.

## Capacity and capability

There were effective management systems in this centre, ensuring residents were provided with good quality care. The management team were proactive in response to issues as they arose and the centre has a very good compliance history with the regulations. The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Golden Nursing Homes Limited was the registered provider for Douglas Nursing and Retirement Home and was registered to accommodate 58 residents. The provider had two directors both of whom were engaged in the management of the centre with one director as person in charge and the second director engaged in the operational management of the centre. The inspector found that there were clear lines of accountability and responsibility with each member of the team having their role and responsibilities defined.

The person in charge was supported in her role by an assistant director of nursing, a clinical nurse manager and a team of nurses, care staff, housekeeping, administrative staff and an activity co-ordinator. The person in charge was an experienced nurse and demonstrated good knowledge of her role and responsibilities and residents' care needs. The assistant director of nursing had the experience and qualifications to deputise in the absence of the person in charge.

The provider ensured that there were sufficient resources available to ensure effective delivery of good quality care and support to residents. The inspector found that there was an adequate number and skill mix of staff to meet the assessed needs of residents. The assistant director of nursing and the clinical nurse manager were rostered at weekends to provide management support to staff during these times. Staff were appropriately supervised and supported to perform their respective roles by the management team. The inspector saw that newly appointed staff were provided with an induction period. Staff had the required skills and competencies to perform their roles, however some staff required updates in mandatory training as outlined under regulation 16.

The inspector saw that there were management systems in place to ensure the quality of care provided to residents was effectively monitored. There was a schedule of audits in place where key risks to residents such as medication management, falls, compliance with infection prevention and control practices were monitored. The inspector saw from a review of audits undertaken in the centre that action plans were developed and implemented where required.

The inspector reviewed the policies required by Schedule 5 of the regulations and all policies were up-to-date. Records in the centre were well maintained and stored securely. There was an annual review of the quality of care in the centre completed for 2021 which included consultation with the residents and incorporated their feedback.

There was an effective complaints procedure which was displayed at the centre and staff and residents who spoke with the inspector were aware of how to make a complaint. The arrangements for the review of accidents and incidents within the centre was robust and from a review of the electronic incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation.

There was evidence of consultation with residents in the planning and running of the centre. Residents' meetings were held and resident satisfaction questionnaires completed to help inform ongoing improvements in the centre. Minutes of these meetings reviewed by the inspector indicated that action was taken where residents raised issues.

#### Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration to the office of the Chief Inspector in accordance with the registration regulations. Application fees were paid and the prescribed documentation was submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was a registered nurse who met the requirements of the regulation. She was full time in post. She was actively engaged in the governance and day-to-day operational management of the service. It was evident to the inspector that she had good knowledge of residents' care needs.

Judgment: Compliant

#### Regulation 15: Staffing

There was an adequate number and skill mix of staff working in the centre to meet the needs of the 55 residents living in the centre on the day of inspection. There



was a minimum of two registered nurses rostered 24 hours a day, seven days a week.

Judgment: Compliant

### Regulation 16: Training and staff development

While staff had access to training appropriate to their role, a number of staff were overdue training in safeguarding of vulnerable adults, managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and infection control.

Judgment: Substantially compliant

### Regulation 21: Records

The inspector found that requested records were made available to the inspector and were seen to be stored securely in the centre. A sample of three staff files reviewed showed that they met the requirements of schedule 2 of the regulations. The inspector saw that garda vetting was in place in the staff files reviewed and assurance was provided to the inspector that Garda vetting was in place for all staff prior to commencement of employment in the centre.

Judgment: Compliant

### Regulation 22: Insurance

A current certificate of insurance was in place.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that the provider ensured that the centre was sufficiently resourced to ensure effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. There was

an assistant director of nursing in post to deputise in the absence of the person in charge. There were good management systems in place to ensure the service was safe, appropriate and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2021 was completed and available in the centre.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The inspector viewed a sample of contracts of care which contained details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was amended on the day of inspection to reflect the sizes of rooms such as the dining room and to meet the requirements of Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector saw that the person in charge maintained an electronic record of all incidents that occurred in the centre. Based on a review of incidents, the inspector were satisfied that notifications, outlined in Schedule 4 of the regulations, had been submitted to the office of the Chief Inspector as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. Both verbal and written complaints were seen to be recorded and included the outcome and whether the

complainant was satisfied with the outcome.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirement of schedule 5 of the regulations. The inspector saw that these were updated every three years as required.

Judgment: Compliant

#### Quality and safety

Residents living in this centre were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The centre ensured that the rights and diversity of residents were respected and promoted. There was evidence of good consultation with residents. Residents' needs were being met through good access to health care services, a high standard of nursing care and opportunities for social engagement. The inspector found that some issues identified in relation to fire safety and infection control required action as outlined under the relevant regulations.

The inspector found that residents' health care needs were met to a good standard. There was good access to general practitioner services, including out-of-hours services. There were appropriate referral arrangements in place to services such as dietetics, speech and language therapy, dental and opticians. Residents' records evidenced that a comprehensive assessment was carried out for each resident. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition. These assessments informed care plans, which guided staff to deliver person centred care. The inspector saw that behaviour support plans were in place for residents with responsive behaviours and the inspector saw staff engage with residents in a dignified and respectful way during the inspection.

The inspector found that the design and layout of the centre was suitable for its stated purpose and to meet residents' individual and collective needs in a comfortable and homely way. Overall the premises was very bright, nicely decorated and well maintained. There was plenty of communal spaces including easy to access to a number of well maintained outdoor areas for residents to enjoy.

Overall the inspector saw that the centre was clean. The person in charge had implemented cleaning schedules for environment and equipment, deep cleaning of

rooms and frequently touched surfaces. Staff were observed to be wearing surgical masks in line with national guidance. The centre had experienced an outbreak of COVID-19 in March 2022 which impacted a number of residents and staff. The person in charge had engaged with the local public health team and implemented its contingency plan for staffing and communicating with residents and relatives. The person in charge had updated the centre's contingency plan for COVID-19 following this. The inspector found that some improvements were required in relation to cleaning processes and other areas of practice that may increase risk of cross infection in the centre. These are outlined under regulation 27.

Systems were in place to promote safety and effectively manage risks. The risk management policy included the regulatory, specified risks and a risk register was in place that was updated annually.

The fire safety management folder was examined. Fire safety training was up-to-date for the majority of staff and those who were due updates were scheduled in the week following inspection. There was clear signage displayed to direct staff and residents in the event of a fire. Staff who spoke with the inspector were knowledgeable about what to do should a fire occur. Residents had Personal Emergency Evacuation Plans (PEEP's) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment and of the fire detection system. Emergency lighting required action. The provider had undertaken fire safety drills and evacuations of compartments with simulated night time staffing levels regularly at the centre. Some actions required in relation to fire safety are outlined under regulation 28.

Staff were seen to be respectful, friendly and courteous with the residents. Staff who spoke with the inspector showed they had the necessary knowledge and competencies required to care for residents with a variety of needs and abilities. Staff knew the residents well and this was evident in their communication and respect shown to the residents.

Residents' rights were protected and promoted. Residents could choose how and where to spend their day. Individuals' choices and preferences were seen to be respected. Resident meetings were held which ensured that residents were engaged in the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Visitors were welcomed in the centre and lots of visitors were seen coming and going on the day of inspection.

## Regulation 11: Visits

Visitors were welcomed in the centre and the inspector saw numerous visitors attending the centre on the day of inspection.

Judgment: Compliant

### Regulation 12: Personal possessions

The inspector saw that each bedroom had plenty storage such as wardrobes, chests of drawers and lockers for residents personal possessions and clothes. There were good systems in place to ensure that residents clothes were appropriately laundered and returned to residents.

Judgment: Compliant

### Regulation 17: Premises

The premises and external gardens were very well maintained with freely accessible outdoor spaces for residents and their relatives. The design and layout of the centre ensured that there were plenty communal and private spaces for residents' use along with their bedrooms. Bedrooms were spacious and decorated to meet individual residents preferences. The premises was appropriate to the needs of residents using the service and in accordance with the statement of purpose.

Judgment: Compliant

### Regulation 26: Risk management

The centre had an up to date risk management policy and a risk register was maintained and updated to manage the risks for each area of the centre. There was an updated health and safety statement with an emergency plan including the procedures to be followed for emergency evacuation of the centre.

Judgment: Compliant

### Regulation 27: Infection control

The following issues were identified which had the potential to impact the effectiveness of infection prevention and control in the centre and required action

- Mop heads were not being changed between each room, this was immediately addressed during the inspection,

- A bed rail bumper was noted to be worn and therefore could not be effectively cleaned, the person in charge addressed this during the inspection,
- Clinical equipment such as blood pressure monitors was not been cleaned between use which had the risk of cross contamination,
- There was a need to review the number of clinical hand wash sinks dedicated for staff use in the centre to ensure they were easily accessible to staff.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The following issues required action in relation to fire safety in the centre:

- There was gaps in the records required in relation to quarterly emergency lighting as outlined in the regulations.
- oxygen storage in the centre required review and clear signage was required to identify the hazard where oxygen was stored or in use, this was addressed by the person in charge on the day of inspection
- The integrity of two seats in the smoking room required review as it they were no longer intact and were a fire risk.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, it was evident that comprehensive assessments and care plans were completed for residents in line with regulatory requirements. Care plans reviewed were sufficiently detailed to provide care and were person centred. A sample of care plans showed that residents were risk assessed for clinical risk such as malnutrition, falls and pressure ulcers.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents health care needs were well met. The had access to appropriate medical and allied health and social care professionals. Residents were reviewed regularly and as required by general practitioners. From a review of records it was evident that a high standard of evidence based nursing care was

provided to residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents rights and choices were promoted and respected in the centre. Residents were supported to engage in activities that aligned with their interests and capabilities. There was an activities co-ordinator employed in the centre who facilitated a varied and stimulating activities programme for residents. External musicians and external activity facilitators also attended the centre. Residents had access to media and aids such as newspapers, radio, televisions, telephone and wireless Internet access were also readily available. Mass was held in the centre once a month. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Douglas Nursing and Retirement Home OSV-0000223

Inspection ID: MON-0037014

Date of inspection: 01/09/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have been informed of overdue training and have been given a timescale to complete same. This will be monitored closely.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A review of clinical hand wash sinks is being done and this will inform number and appropriate siting of extra clinical sinks in the centre. We aim to have this completed by December 2022 depending on availability of appropriate hardware.</p> <p>BP cuffs are now being cleaned between use. Separate machines and cuffs are always used in an outbreak situation.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Emergency lighting has now been checked and serviced. This gap was due to the</p>	

untimely passing of our electrician/ family member 2 months previously. A new electrician has now been retained and will carry out these inspections quarterly. Oxygen signage is now displayed at every room that stores or uses oxygen. This was done on the day of inspection.

The 2 seats in the smoking room are being reupholstered. The burn marks had not penetrated the cover fully.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/12/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and	Substantially Compliant	Yellow	21/09/2022

	suitable bedding and furnishings.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	21/09/2022